

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1959AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2010
NAME OF PROVIDER OR SUPPLIER MASON VALLEY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 705 S STREET YERINGTON, NV 89447		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/20/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 57 Residential Facility for Group beds, 45 for elderly and disabled persons and 12 for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 42. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 4/20/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Food dispensing scoops were improperly stored in the chicken and beef base containers.</p> <p>b. A fan inside of the reach-in refrigerators was dirty.</p> <p>c. The inside of the ice machine contained hard water build-up.</p> <p>d. Observed the re-use of multiple single service cottage cheese/sour cream containers.</p> <p>e. Outside storage area contained two drain pipes which were eroding the concrete and creating an attraction for dirt and garbage.</p> <p>f. Outside storage area was littered with miscellaneous debris.</p> <p>3. Equipment and Maintenance Issues:</p> <p>a. Gaskets to the reach-in refrigerators are</p>	Y 255			

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Y 255	Continued From page 2 damaged. b. There was a gap at the junction where the cove tiles and floor meet under the reach-in refrigerators. c. The screen/cover was missing from the ceiling ventilation duct near the dry storage area. Severity 1: Scope: 3	Y 255			
Y 434 SS=C	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 4/20/10, the facility failed to ensure that monthly evacuation drills were conducted for 1 of 12 months (March 2010). Severity: 1 Scope: 3	Y 434			
Y 880 SS=D	449.2742(6)(a)(3) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 880			

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Y 880	<p>Continued From page 3</p> <p>physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 4/20/10, the facility failed to update the medication administration record for 1 of 15 residents (Resident #7), after a physician changed the order.</p> <p>Severity : 2 Scope : 1</p>	Y 880			

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